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SERIAL NUMBER 10/803,529	FILING OR 371(c) DATE 03/17/2004 RULE	CLASS 345	GROUP ART UNIT 2629	ATTORNEY DOCKET NO. 12345/005001
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APPLICANTS

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** CONTINUING DATA *****

Yes m.s.

This application is a CIP of 10/661,946 09/12/2003 ABN

** FOREIGN APPLICATIONS *****

NONE

m.s.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

** SMALL ENTITY **

06/01/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 11	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>Mons - H. Sead</i> Initials				

ADDRESS

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TITLE

Multiple keypad mouse system

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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